CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

APR - 1 2009

Please type or print in ink.

☐ Candidate

Election Year: .

A Public Document

		GOVERNOR'S OFFICE	3
NAME (LAST)	(FIRST)	(MIDDLE) DAYTILE GEALERA IRSINER	ER
Krueger	Wisdopher	Edward (916)445-0873	
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADD	RESS
Governor's Office of Lagol Aff	loirs, State 1	Capital, Sacromento CA 95814	
1. Office, Agency, or Court		4. Schedule Summary	
Name of Office, Agency, or Court:		► Total number of pages 1	
Governor's Office		including this cover page:	
Division, Board, District, if applicable:		Obert english to the second	
Office of Legal Affor	• <	Check applicable schedules or "No reportable interests."	
Vous Desition:		I have disclosed interests on one or more of the	
Chief Deputy For Legal Af	fairs	attached schedules:	
▶ If filing for multiple positions, list addition		Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)	
position(s): (Attach a separate sheet if	necessary.)		
Agency:		Schedule A-2 Yes – schedule attached Investments (10% or greater Ownership)	
		Market Strategy Street Bases	
Position:		Schedule B Yes – schedule attached Real Property	
		Schedule C Yes – schedule attached	
2. Jurisdiction of Office (Check at	t least one box)	Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)	
State		* * <u>-</u>	- 1
County of		Schedule D Yes – schedule attached	
City of			
Multi-County		Schedule E Yes – schedule attached Income – Gifts – Travel Payments	
Other		-or-	
3. Type of Statement (Check at le.	ast one box)	No reportable interests on any schedule	
LI LI	1 19		
Assuming Office/Initial Date:	J	5. Verification	
Annual: The period covered is January	1, 2008,		
through December 31, 2008.		I have used all reasonable diligence in preparing the statement. I have reviewed this statement and to the be	his est
-or-		of my knowledge the information contained herein and in a	any
O The period covered is/	, through	attached schedules is true and complete.	
Leaving Office Date Left:		I certify under penalty of perjury under the laws of the St	ate
(Check one)		of California that the foregoing is true and correct.	
O The period covered is January 1, 200	08, through the	4/1/2	
date of leaving office.		Date Signed 4/1/09	_
-or-			
O The period covered is/	, through	Signature	_

r filing official)